STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155290	A. BUILDING 01 B. WING	06/27/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ELIZABETH HEALTHCARE CENTER	701 ARMORY ROAD DELPHI, IN46923

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/27/11 Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, St. Elizabeth Healthcare Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully	K0000	St. Elizabeth Healthcare Center (“the Provider”) submits this Plan of Correction (“POC”) in accordance with specific regulatory requirements. The submission of this POC does not indicate an admission by St. Elizabeth Healthcare Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of St. Elizabeth Healthcare Center. This Plan of Correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has the capacity for 78 and had a census of 61 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/30/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:			

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K0051 SS=C	A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm system's components and devices such as smoke detectors, heat sensors and fire alarm pull stations was complete. NFPA 72, 7-3.2 requires fire alarm system initiating devices such as smoke detectors, heat sensors, fire alarm pull stations, and fire alarm control equipment be tested annually. NFPA 72, 7-5.2.2 requires the inspection shall include locations and serial numbers, the test/inspection done	K0051	1. Corrective ActionThe vendor who completes our fire system has been notified and will identify each smoke detector, heat sensor and fire alarm pull station by location, serial number, the test/inspection done and whether each device passed or failed. See attachment #12. Potentially AffectedThe Plant Operations Director will assure that documentation from the vendor is completed according to the requirements of NFPA 72, 7-5.2.2.3. Systemic ChangeInspection documentation will include the required components of the regulation to include location, serial number, test/inspection done and whether each device passed or failed.4. Corrective Action MonitorThe	07/26/2011

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	and whether each initiating device passed or failed. This deficient practice could affect all occupants. Findings include: Based on review of the facility's quarterly Periodic Fire Alarm Inspection and Test Reports for the past year with the maintenance director and administrator on 06/27/11 at 3:10 p.m., there was no itemized list of the fire alarm system components and devices such as manual pull stations with the locations and results of the visual and functional tests. The last itemized list for smoke detectors was the Smoke Detector Sensitivity Test dated 11/02/10. The administrator and maintenance director said at the time of record review there was no other documentation. 3-1.19(b)		inspection reports will be monitored for compliance by the Plant Operations Director and the Executive Director.5. Completion Date July 26, 2011	
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and	K0144	1. Corrective ActionThe E top has been installed and tested on	07/13/2011

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	interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants. Findings include: Based on review of the generator maintenance records on 06/27/11		the facility's Emergency Generator by Huston Electric. See Attachment #2.2. Potentially AffectedThe emergancy stop will allow staff to disegage the generator in an emergency.3. Systemic ChangeThe staff will be inserviced by the Plant Operations Director on the purpose of and protocol for use of the emergecy stop. This inservice is scheduled to begin on July 13, 2011. 4. Corrective Action MonitorThe Plant Operations Director is responsible for proper maintenance and monitoring of the emergency stop. Documentation will be required for the use of the emergency stop to include date, time, reason, outcome and staff person initiating the stop.5. Correction Date 07/13/2011.	

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	at 3:00 p.m. with the maintenance director and administrator, there was no documentation available indicating the horsepower of the generator. The maintenance director said at the time of record review, it was more than 100 horsepower. The generator was equipped with an emergency stop on the generator itself. He confirmed there was no remotely located emergency generator shut off device installed but installation of a device was planned. It was not yet scheduled. 3.1-(19) b			